

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mike Mull
P O Box 279
Rockford, AL 35136

07cv974 C+OP

2. Article Number

(Transfer)

7007 1490 0000 0026 6879

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

Sherie Thomas Agent Addressee

B. Received by (Printed Name)

Sherie Thomas 11-001

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes